

**MULTIPLE IDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **090 787033** FILING DATE  
APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3		1		1		2
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1	1		1	
12	1			1		1
13		1		1		1
14		2		1		1
15		2		1		1
16		2		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27		1		1		1
28		1				
29		1				
30		1				
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46						
47						
48						
49						
50						
TOTAL IND.		1		1	2	1
TOTAL DEP.					27	
TOTAL CLAIMS					29	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		1		1		
TOTAL DEP.						
TOTAL CLAIMS						